

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	ERIC HINES	CAMDEN, NJ	COURT CASE NUMBER	17-2864 (NLH) -JS
DEFENDANT	GARY M. LANIGAN ET AL.	2020 JUL 29 AM 1:58	TYPE OF PROCESS	SUMMONS + COMPLAINT
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
➡	NURSE CRYSTAL - MEDICAL UNIT-EXTENDED CARE UNIT			
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 215 SOUTH BURLINGTON ROAD			
	SOUTH WOODS STATE PRISON BRIDGETON, N.J. 08302			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form - 285	1
<input type="checkbox"/> ERIC HINES #663508/146993B SOUTH WOODS STATE PRISON 215 SOUTH BURLINGTON ROAD BRIDGETON, N.J. 08302			Number of parties to be served in this case	38
			Check for service on U.S.A.	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

WORKS FIRST SHIFT, AT EXTENDED CARE UNIT
INSIDE S.W.S.P.

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
Eric Hein		N/A	7/23/20

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	RECEIVED		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	AUG 17 2020		Date of Service
	AT 8:30 M WILLIAM T. WALSH CLERK		Time
			am
			pm
			Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

8/6/20: DEFENDANT IS A CONTRACTOR, SWSP WILL NOT ACCEPT SERVICE.

U.S. Department of Justice
United States Marshals Service

Case 1:17-cv-02864-NLH-MJS Document 62-1 RECEIVED AND RETURNED 655

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	ERIC HINES	CAMDEN, NJ	COURT CASE NUMBER	17-2864 (NLH) -JS
DEFENDANT	GARY M. LANIGAN ET AL.		2020 JUL 29 AM 7:52	TYPE OF PROCESS
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
➔	SHERITA LATIMORE - COLLIER - MEDICAL DIRECTOR			
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 215 SOUTH BURLINGTON ROAD			
	SOUTH WOODS STATE PRISON BRIDGETON, N.J. 08302			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:				
<input type="checkbox"/> ERIC HINES #663508/146993B				
SOUTH WOODS STATE PRISON				
215 SOUTH BURLINGTON ROAD				
BRIDGETON, N.J. 08302				
			Number of process to be served with this Form - 285	1
			Number of parties to be served in this case	38
			Check for service on U.S.A.	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

CAN BE LOCATED AT EXTENDED CARE UNIT INSIDE SOUTH WOODS STATE PRISON

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
Eric Hines		N/A	7/23/20

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	RECEIVED		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	AUG 17 2020		Date of Service
	AT 8:30 M		Time
	WILLIAM T. WALSH CLERK		am
			pm
			Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

8/6/20: DEFENDANT IS A CONTRACTOR, SWSP WILL NOT ACCEPT SERVICE.

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)
(Instructions Rev. 12/08)

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	ERIC HINES		COURT CASE NUMBER	17-2864 (NLH)-JS	
DEFENDANT	GARY M. LANIGAN ET AL.		TYPE OF PROCESS	SUMMONS + COMPLAINT	
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN				
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 215 SOUTH BURLINGTON ROAD SOUTH WOODS STATE PRISON BRIDGETON, N.J. 08302				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form - 285		
ERIC HINES #663508/146993B SOUTH WOODS STATE PRISON 215 SOUTH BURLINGTON ROAD BRIDGETON, N.J. 08302			Number of parties to be served in this case		
			Check for service on U.S.A.		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold
IS THE MEDICAL OMBUDSMEN AND CAN BE SERVED
IN A-BUILDING MEDICAL DEPARTMENT FROM 7:00 A.M.
TO 4:00 PM
2020 JUL 29 AM 10:00

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
Eric Hines		N/A	7/23/20

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See Remarks below)

Name and title of individual served (if not shown above)	RECEIVED		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	AUG 17 2020		Date of Service	Time
	AT 8:30 M WILLIAM T. WALSH CLERK			am pm
			Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:
8/6/20: As per SWSP, individual is a contractor, SWSP will not accept service.

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)
(Instructions Rev. 12/08)

U.S. Department of Justice
United States Marshals ServicePROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF ERIC HINES	COURT CASE NUMBER 17-2864 (NLH) - JS
DEFENDANT GARY M. LANIGAN ET AL.,	TYPE OF PROCESS SUMMONS + COMPLAINT
SERVE S.I.D. PETIT NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 215 SOUTH BURLINGTON ROAD SOUTH WOODS STATE PRISON BRIDGETON, N.J. 08302	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: ERIC HINES #663508/146993B SOUTH WOODS STATE PRISON 215 SOUTH BURLINGTON ROAD BRIDGETON, N.J. 08302	
Number of process to be served with this Form - 285	1
Number of parties to be served in this case	38
Check for service on U.S.A.	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service)

RECEIVED

AUG 17 2020

AT 8:30 M

WILLIAM T. WALSH

Signature of Attorney or other Originator requesting service on behalf of:

CLERK

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

8/23/20

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above):

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service _____ Time _____ am
pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

8/6/20: AS PER SWSP PETIT IS NO LONGER WORKING AT SWSP.

U.S. Department of Justice
United States Marshals Service

Case 1:17-cv-02864-NLH-MJS Document 62 Filed 08/17/20 Page 5 of 6
PROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF ERIC HINES	COURT CASE NUMBER 17-2864 (NLH) -JS
DEFENDANT GARY M. LANIGAN ET AL.	TYPE OF PROCESS SUMMONS + COMPLAINT

SERVE ➡ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN S.I.D PERRY
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) SOUTH WOODS STATE PRISON 215 SOUTH BURLINGTON ROAD BRIDGETON, N.J. 08302

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	
<input checked="" type="checkbox"/> ERIC HINES #663508/146993B SOUTH WOODS STATE PRISON 215 SOUTH BURLINGTON ROAD BRIDGETON, N.J. 08302	Number of process to be served with this Form - 285 1
	Number of parties to be served in this case 38
	Check for service on U.S.A. ✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

RECEIVED
AUG 17 2020
AT 8:30 **WILLIAM T. WALSH** M
CLERK

2020 JUL 29
RECEIVED
CANDLER, N.C.

Fold

Signature of Attorney or other Originator requesting service on behalf of: Eric Hines	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER N/A	DATE 8/23/20
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service Time _____ am pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:
8/6/20: AS PER SWSP PERRY IS NO LONGER EMPLOYED AT SWSP.

U.S. Department of Justice
United States Marshals Service

Case 1:17-cv-02864-NLH-MJS Document 62-1 Filed 07/29/20 Page 1 of 1 RECEIVED

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	ERIC HINES	COURT CASE NUMBER	17-2864 (NLH)-JS
DEFENDANT	GARY M. LANIGAN ET AL.	TYPE OF PROCESS	SUMMONS + COMPLAINT
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN JANE DOE #1 NURSE, COMPOUND OF FACILITY #3		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 215 SOUTH BURLINGTON ROAD SOUTH WOODS STATE PRISON BRIDGETON, N.J. 08302		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			
<input type="checkbox"/> ERIC HINES # 663508/146993B SOUTH WOODS STATE PRISON 215 SOUTH BURLINGTON ROAD BRIDGETON, N.J. 08302		Number of process to be served with this Form - 285	1
		Number of parties to be served in this case	38
		Check for service on U.S.A.	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service)

RECEIVED

AUG 17 2020

AT 8:30 WILLIAM T. WALSH

Signature of Attorney or other Originator requesting service on behalf of:	CLERK <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
Eric Hein		N/A	7/23/20

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

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☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service	Time _____ am _____ pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

8/6/20: USMS DOES NOT SERVE "JANE DOE" SUMMONS.

U.S. Department of Justice
United States Marshals Service

Case 1:17-cv-02864-NLH-MJS Document 61-1 Filed 08/17/20 Page 1 of 1

PROCESS RECEIPT AND RETURN
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on the reverse of this form.

PLAINTIFF	ERIC HINES	COURT CASE NUMBER	17-2864 (NLH) - JS
DEFENDANT	GARY M. LANIGAN ET AL.	TYPE OF PROCESS	SUMMONS + COMPLAINT
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
AT	S.I.D. JOHN DOE		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 215 SOUTH BURLINGTON ROAD		
	SOUTH WOODS STATE PRISON BRIDGETON, NJ 08302		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ERIC HINES #663508/146993B
SOUTH WOODS STATE PRISON
215 SOUTH BURLINGTON ROAD
BRIDGETON, N.J. 08302

Number of process to be served with this Form - 285	1
Number of parties to be served in this case	38
Check for service on U.S.A.	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Time Available For Service):

Fold

Fold

RECEIVED

AUG 17 2020

AT 8:30
WILLIAM T. WALSH
CLERK

Signature of Attorney or other Originator requesting service on behalf of:

PLAINTIFF
DEFENDANT

TELEPHONE NUMBER

DATE

N/A

7/23/20

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service Time am pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

8/6/20: USMS DOES NOT SERVE "JOHN DOE" SUMMONS.

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)
(Instructions Rev. 12/08)

U.S. Department of Justice
 United States Marshals Service

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF ERIC HINES		COURT CASE NUMBER 17-2864 (NLH)-JS
DEFENDANT GARY M. LANIGAN ET AL.		TYPE OF PROCESS SUMMONS + COMPLAINT
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SCO. WATER	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) SOUTH WOODS STATE PRISON 215 SOUTH BURLINGTON ROAD BRIDGETON, N.J. 08302	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<input type="checkbox"/> ERIC HINES #663508/146993B SOUTH WOODS STATE PRISON 215 SOUTH BURLINGTON ROAD BRIDGETON, N.J. 08302		Number of process to be served with this Form - 285 1
		Number of parties to be served in this case 38
		Check for service on U.S.A. <input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of: Eric Hines	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER N/A	DATE 7/23/20
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	RECEIVED AUG 17 2020 AT 8:30 WILLIAM T. WALSH M CLERK	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)		Date of Service	Time am pm
		Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

8/6/20: DEFENDANT IS RETIRED, SWSP WILL NOT ACCEPT SERVICE.